

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	1/MP		6/7/99
O.I.P.E. CLASSIFIER		5	6-10-99
FORMALITY REVIEW	6VPB	66793	6/21/99

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	6/7/99
2	✓	✓	6/7/99
3	✓	✓	6/7/99
4	✓	✓	6/7/99
5	✓	✓	6/7/99
6	✗	✗	6/7/99
7	✓	✓	6/7/99
8	✓	✓	6/7/99
9	✓	✓	6/7/99
10	✓	✓	6/7/99
11	✓	✓	6/7/99
12	✓	✓	6/7/99
13	✓	✓	6/7/99
14	✗	✗	6/7/99
15	✓	✓	6/7/99
16	✓	✓	6/7/99
17	✓	✓	6/7/99
18	✗	✗	6/7/99
19	✓	✓	6/7/99
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
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